24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Rethink PAC	
	C C00503870
Check If 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee Alipes CME Inc	Date
7 thpos of the fine	M M / D D / Y Y Y Y
Mailing Address 175 Portland St, 5th Floor	11 04 2011
	Amount
City State Zip Code Boston MA 02114	156000.00
	Transaction ID : SE.4114
Online advertising	fice Sought: House State: MA
туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
Scott P Brown Ch	eck One: Support Oppose
Calendal feat-10-Date Fet Flection	sbursement For: Primary 🔀 General
for Office Sought 0.00 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y
Malling Address	
Mailing Address	Amount
City Chata 7in Conta	Amount
City State Zip Code	7 7 7
Purpose of Expenditure Category/ Off	fice Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election	sbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	156000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	156000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
David N Martin	
David N Martin [Electronically Filed] Date	11 15 2011
Signature	